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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10812192 | <b>Applicant(s)/Patent Under Reexamination</b><br>WESTFIELD ET AL. |
|   | <b>Examiner</b><br>TED M WANG              | <b>Art Unit</b><br>2611  |

| ORIGINAL                  |  |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|---------------------------|--|----------|--|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS                     |  | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 375                       |  | 377      |  |  |  | H                            | 0 | 4 | L | 23 / 00 (2006.01.01) |             |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 375                       | 219                                      |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 340                       | 870.16                                   | 870.18   |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 455                       | 69                                       |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
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|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
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|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
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|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 11       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 12       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
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| NONE<br><br>(Assistant Examiner) _____ (Date) _____<br>/TED M WANG/<br><br>(Primary Examiner) _____ (Date) _____ |  | <b>Total Claims Allowed:</b><br>5<br><br>O.G. Print Claim(s) 11 O.G. Print Figure 9A |  |
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